Testimony on Preparedness

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Thank you for the opportunity to testify this morning on a subject critical to the continued health and safety of our region's residents.

Local health departments have always had a role in disaster preparedness and response, but since 9/11 we have seen significant changes in the threats we face and the level of preparedness we need to achieve.

In just a short time span, we've seen a wave of disasters around the world with significant Public Health consequences, including anthrax attacks, SARS, tsunamis, Hurricanes Katrina and Rita, Madrid and London bombings, and now avian flu and the potential for a pandemic flu.

All these events have focused a spotlight on the nation's Public Health infrastructure and its ability to manage the health consequences of emergencies.

In order to meet these new challenges, we have forged relationships with our health care system partners, first responders, community based organizations and emergency managers, and are much better integrated into each others plans. The results of these partnerships can be seen in newly developed response capabilities addressing isolation and quarantine of infectious patients and mass dispensing of medications.

We have also developed a county-wide disease surveillance system in concert with such varied partners as hospitals, 911 dispatch centers, and schools.

But we can't afford to stop here.

I'd like to offer some specific examples of how we can improve coordination across all response disciplines, through better integration of planning, response and resources.

First, we need to improve the way that federal funding is provided for preparedness so that integration, not fragmentation, is supported.

Over the past four years, public health and hospitals in King County have become fully integrated into homeland security planning, strategy development, and exercises. The TOPOFF 2 exercise in 2003, and our bioterrorism planning efforts demonstrate close coordination across disciplines. We have established a Health Care Coalition with over 25 partner organizations that is developing new protocols for making critical, system-wide decisions, managing information and allocating resources. This will foster a unified command approach to health and medical response will occur countywide.

However, federal funding priorities for public health and hospitals have focused on specific response tasks, hazards and equipment. This fails to recognize that a systemic approach to health care preparedness is needed. Hospitals, public health, clinics, medical practices, and pharmacies all rely on each other during disasters. Planning, training, exercising and responding as an integrated system should be fully supported, if not required, by funding programs.

Just now, we are seeing this beginning to change. The latest guidance for hospital grants from Health Services and Resource

Administration (HRSA) begins to take a systems approach to preparedness for hospitals. This should be incorporated throughout all federal grant programs.

Second, the ability to share real-time data with response partners needs to be expanded beyond voice capabilities, and beyond traditional first responders. We have over 7,000 medical professionals in King County that we rely upon as the eyes and ears of our health care system. As public health threats emerge, paramedics and hospital staff will be on the front lines responding to the threat. They are the ones who will likely detect the first signs for bioterrorism or potentially threatening diseases in our community.

Yet, there is no reliable system in place to share critical data between public health and medical professionals. The hardware and software necessary to track and communicate critical health data between public health and medical professionals is lacking across the country.

Public health response measures including isolation and quarantine of infected patients, and mass dispensing of medications require robust data tracking systems to monitor in real time the patients, their status, and the care they have received, wherever they may be located. These are critical infrastructure needs nationwide.

The capability to rapidly communicate and track data with health care providers is as important to us as it is for fire and police to communicate with their colleagues in the field. We believe the federal government can play a critical role in supporting this need.

Third, training resources must become a federal priority and must be appropriate for public health responders.

Federal grant requirements for public health have focused primarily on developing response plans; for hospitals the focus has been on acquiring equipment. Yet training personnel to implement an effective response is essential.

Training resources provided by the Department of Homeland Security aren't relevant to the needs or responsibilities of health system responders. Specialized training necessary to carry out plans for mass dispensing of antibiotics or isolating large numbers of infectious patients is not eligible under Homeland Security grants and not resourced under CDC or HRSA grants.

In addition, training resources should be more flexible and accommodate the needs of health care organizations. For many health care organizations, including our department, a large number of staff that will be relied upon for emergency response support generate patient revenues as part of their daily responsibilities.

Removing them from their regular work creates a double impact in cost – not only for the hours spent for training itself, but for the revenue lost in not seeing patients. Especially in the current state of health care economics, it makes it very difficult for health care organizations to train at the level that's needed.

Partnerships are the cornerstone of emergency response. We've seen the benefits when they have worked well, and witnessed the disastrous consequences when they haven't. Federal policies and practices can make a tremendous difference in determining whether the preparations of responding agencies and institutions will be in concert or at odds when the next disaster comes.

We appreciate your time and interest today, and we stand ready to work with you to further improve our collective preparedness efforts